

**FORM 8. Entry of Appearance****UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT**LUCREEv. USNo. 2014-5134**ENTRY OF APPEARANCE**

(INSTRUCTIONS: Counsel should refer to Federal Circuit Rule 47.3. Pro se petitioners and appellants should read paragraphs 1 and 18 of the Guide for Pro Se Petitioners and Appellants. File this form with the clerk within 14 days of the date of docketing and serve a copy of it on the principal attorney for each party.)

Please enter my appearance (select one):

Pro Se       As counsel for: TERESA NAN LUCREE  
 Name of party

I am, or the party I represent is (select one):

Petitioner     Respondent     Amicus curiae     Cross Appellant  
 Appellant     Appellee     Intervenor

As amicus curiae or intervenor, this party supports (select one):

Petitioner or appellant     Respondent or appellee

My address and telephone are:

Name: FRANK A. LUKASIK  
 Law firm: FRANK A. LUKASIK, J.D.  
 Address: 1550 KILLINGSWORTH WAY, APT. 246  
 City, State and ZIP: THE VILLAGES, FL 32162  
 Telephone: 352 674-3637  
 Fax #: (CALL) 352 674-3637  
 E-mail address: flpatlaw@yahoo.com

Statement to be completed by counsel only (select one):

I am the principal attorney for this party in this case and will accept all service for the party. I agree to inform all other counsel in this case of the matters served upon me.

I am replacing \_\_\_\_\_ as the principal attorney who will/will not remain on the case. [Government attorneys only.]

I am not the principal attorney for this party in this case.

Date admitted to Federal Circuit bar (counsel only): 1967-1975?

This is my first appearance before the United States Court of Appeals for the Federal Circuit (counsel only):

Yes     No

A courtroom accessible to the handicapped is required if oral argument is scheduled.

8/26/2014

Date

/s/ Frank A. Lukasik

Signature of pro se or counsel

cc: \_\_\_\_\_

## FORM 30. Certificate of Service

UNITED STATES COURT OF APPEALS  
FOR THE FEDERAL CIRCUIT

## CERTIFICATE OF SERVICE

I certify that I served a copy on counsel of record on Aug 26, 2014  
by:

- US mail
- Fax
- Hand
- Electronic Means  
(by email or CM/ECF)

FRANK A. LUKASIK

Name of Counsel

/s/ Frank A. Lukasik

Signature of Counsel

Law Firm

FRANK A. LUKASIK, J.D.

Address

1550 KILLINGSWORTH WAY, APT. 246

City, State, ZIP

THE VILLAGES, FL 32162

Telephone Number

352 674-3637

FAX Number

E-mail Address

flpatlaw@yahoo.com

NOTE: For attorneys filing documents electronically, the name of the filer under whose log-in and password a document is submitted must be preceded by an “/s/” and typed in the space where the signature would otherwise appear. Graphic and other electronic signatures are discouraged.